PERSONNEL CABINET
GROUP LIFE ADMINISTRATION
DEPENDENT INFORMATION

Employee Name:_____

Employee SS#:_____

Employee DOB:_____

SPOUSE/DEPENDENT INFORMATION:

Spouse Name:_____

Spouse SS#:_____

Spouse DOB:_____

Dependent Name:_____

Dependent SS#:_____

Dependent DOB:_____

Dependent Name:_____

Dependent SS#:_____

Dependent DOB:_____

Dependent Name:_____

Dependent SS#:_____

Dependent DOB:_____

Employee Signature:_____**Date**:_____

NOTE: If you need additional space for more dependents print another copy of this page and continue adding your dependents. Remember to sign and date all dependent pages.